



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent Application of)
SAWAGUCHI et al.)
Application Number: 09/940,475)
Filed: August 29, 2001)
For: APPARATUS, SIGNAL-PROCESSING CIRCUIT AND)
DEVICE FOR MAGNETIC RECORDING SYSTEM)
ATTORNEY DOCKET NO. ASAM.0019)

Art Unit 2651

Examiner: Alan Faber

Honorable Assistant Commissioner
for Patents
Washington, D.C. 20231

RECEIVED

APR 15 2004

Technology Center 2600

COVER LETTER

Sir:

The fee for submission of claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS PAID	RATE	CALCULATION
Total Claims	26	24	4 (Over 20)	x \$18	36.00
Independent Claims	4	2	 (Over 3)	x \$86	86.00
MULTIPLE DEPENDENT CLAIM(S)				+ \$290	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28). IF APPLICABLE, VERIFIED STATEMENT MUST BE ATTACHED				x ½	
				TOTAL	122.00

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Petition for Extension of Time
<input type="checkbox"/> Statement of Consent by Assignee	<input type="checkbox"/> Substitute Specification & marked-up copy
<input type="checkbox"/> Letter to Draftsperson	<input type="checkbox"/> Replacement sheet drawings
<input type="checkbox"/> Preliminary Amendment	<input type="checkbox"/> Assignment
<input checked="" type="checkbox"/> Other Request for Continued Examination	<input type="checkbox"/> Petition under _____

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Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the fees for _____. A duplicate copy of this paper is enclosed.

A check in the amount of **\$122.00** to cover the excess claims & multiple dependent fees is enclosed.

The Commissioner is hereby authorized to charge any additional fees associated with this communication, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

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April 12, 2004

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